

Sub

Entity ID or SS#

Maine Revenue Services
Political Subdivision
Fuel Tax Refund Application



00

0540000

Due Date

Period Begin ____ - ____ - ____

Period End ____ - ____ - ____

Application must be filed
within 12 months of pur-
chase date.

1. Entity Information (taxpayer business name and address)

Use this area only to report changes in your business

2. **OUT OF BUSINESS?** Check here ☐, return permit to Bureau and
complete information at right. Date closed: _____

3. **OWNERSHIP CHANGE?** If you have changed ownership, indicate the date
when this occurred here _____ and check the type of change below.

☐ Incorporated ☐ Partner added or dropped
☐ Other (explain on reverse)
☐ Sold to _____

4. **NAME CHANGE?** Attach explanation to this return.

ADDRESS CHANGE?: If your address above is incorrect, please make
the appropriate changes to the preprinted address.

Do Not Use Red Ink!**Claim Information****Requests for a refund must be made within 12 months of the date of purchase of the fuel.**

(from reverse side)

Gasoline**Diesel**Refund Claim for period of
July 1, 2004 to June 30, 2005

1. ____ , ____ . ____

____ , ____ . ____

Refund Claim for period of
July 1, 2005 to June 30, 2006

2. ____ , ____ . ____

____ , ____ . ____

Sub Totals

3. ____ , ____ . ____

____ , ____ . ____

Total Tax Refund

(Total together the amounts on line 3 for each product)

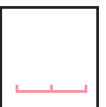
4. ____ , ____ , ____ . ____

Certification/Waiver

I, the undersigned, state that the information on this application is
true, correct and complete to the best of my knowledge.



Mail To:
Maine Revenue Service
P.O. Box 1064
Augusta, ME 04332-1064

Signature/Title_____
Print Name_____
Date_____
Phone #

Purchases beginning July 1, 2005[illegible]